

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

18CV9164

Sheldon Dashawn John

No. 2017Pl018079

(To be filled out by Clerk's Office)

Write the full name of each plaintiff.

-against-

Comptroller office of the
State 1 Centre Street
New York NY 10007

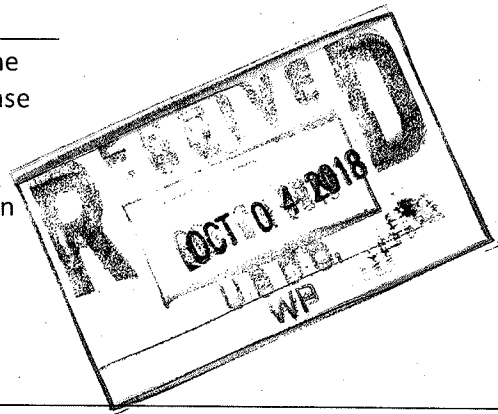
COMPLAINT

(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.



NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other:

Because I was in Jail when I had the So-H Hearing and call and let them know where I was at and was sent adjournment paper work on 5/21/18 at 2:30 pm

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

<u>Sheldon</u>	<u>Dashawn</u>	<u>John</u>
First Name	Middle Initial	Last Name

noel

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Book Case number on this case 1411704131

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Manhattan Detention Complex

Current Place of Detention

125 White Street

Institutional Address

<u>New York</u>	<u>NY</u>	<u>10013</u>
County, City	State	Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other:

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name Last Name Shield #
 They dont no name but knew photo at 1030 police
 Current Job Title (or other identifying information)
 Office
 Current Work Address
 County, City State Zip Code

Defendant 2:

First Name Last Name Shield #
 Current Job Title (or other identifying information)
 Current Work Address
 County, City State Zip Code

Defendant 3:

First Name Last Name Shield #
 Current Job Title (or other identifying information)
 Current Work Address
 County, City State Zip Code

Defendant 4:

First Name Last Name Shield #
 Current Job Title (or other identifying information)
 Current Work Address
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: Inside Woodhull hospital and Kingscounty hospital

Date(s) of occurrence: April, 15, 17, 2017

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

I Sheldon John Claim number for this case 2017P1018019 was assault by a TD30 officer on April 15, 17 of 2017 at woodhull hospital and kingscounty hospital when I hand cuff and legs shockers on 15, of April around 5pm I was being escort to woodhull hospital for chest pain when I was in the hospital they cuff me to a bed that when out of nowhere they had a man that was dunk and started throw punched at me when I was cuffed to the pole that when a young officer that was there with me came to me and said something to me and I said something to him that when he punch me and my left eye that when I ask to speak to the doctor to have xray and treatment for my swollen left black eye for the hit. and on April 17 around 3 something pm I was being escort to kingcounty hospital for my injuries that happen at woodhull hospital on 15 of April of 2017 I had gotten treatment and more xray done that when I was being discharged out of kingscounty hospital that when out of nowhere my arresting dt office come to release the other officer when I was walking out with my hand cuffed behind my back

and leg shock on my legs that when out of
nowhere the black D7 office started to bend my
hand and said how that feel I said can you dont
do that that when he said shut the fuck up nigger and
the other white D7 grab me by the neck throw me on
the floor. that when the black D7 punch me in my
right eye two time and give me Swollen in my eye and
black and blue that when I getting re treatment for
my injury and give a face mask for my Swollen for
INJURIES: my eye and pill and Xray ps I was in jail when I had the Scott Hearing on
5/21/18 at 2:30pm and still is in jail.

If you were injured as a result of these actions, describe your injuries and what medical treatment,
if any, you required and received.

I had two black and blue under my eyes
both side and treatment at Woodhul hospital on April 15, 2017
and King County hospital at April 17, 2017.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

1 million dollar cash and police off they
duty past for my injuries whild I had those cuff
on my legs and hands. Volation of my right.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

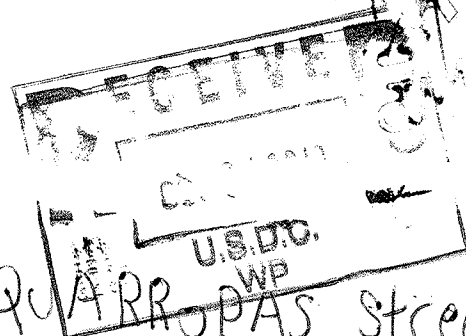
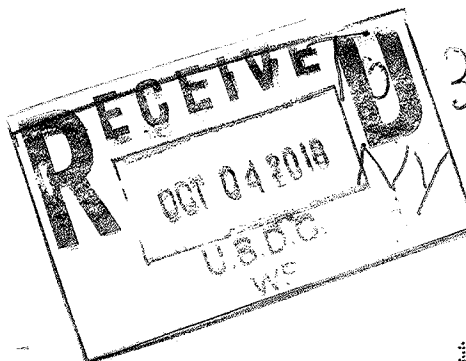
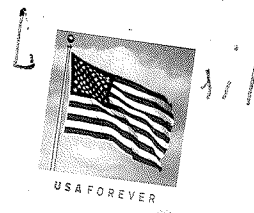
I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>9/27/18</u>		<u>Sheldon John</u>
Dated		Plaintiff's Signature
<u>Sheldon</u>	<u>Dashawn</u>	<u>John</u>
First Name	Middle Initial	Last Name
<u>[REDACTED] Manhattan Detention Complex</u>		
Prison Address		
<u>New York</u>	<u>NY</u>	<u>10013</u>
County, City	State	Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 9/27/18

Sheldon John 1411802123
125 White Street NYC
New York, NY 10013



300 Quarropas Street White Plains
10601

2018 OCT 4 11:01 AM
NEW YORK, NY

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